								Application or Docket Number					
	PATENT A	RD											
		∟песі	tive Octob	er 1, 20	)UU								
CLAIMS AS FILED - PART I (Column 1) (Column 2)							SM TY	IALL E	NTITY		OR	OTHER SMALL	
TOTAL CLAIMS			22		Company of the second		_	RATE	FE			RATE	FEE
FOR			NUMBER FILED		NUMBER EXTRA		⊢	SIC FEE	355	00	OR	BASIC FEE	710.00
TOTAL CHARGEABLE CLAIMS			22 minus 20=		· 2			X\$ 9=		H	OR	X\$18=	2(
INDEPENDENT CLAIMS			3 minus 3 =		* * *		$\vdash$	X40=				X80=	_طC.
MU	LTIPLE DEPEN	IDENT CLAIM PE			<u> </u>	<del>~ _    </del>				$\vdash$	OR	700_	
							L	<b>-135</b> =			OR	+270=	<u> </u>
* If the difference in column 1 is less than zero, enter "0" in column 2								OTAL			OR	TOTAL	746:
CLAIMS AS AMENDED - PART II								OTHER THAN					
(Column 1)				(Colur		(Column 3)	5	MALL			OR I	SMALL	
ENT A	40 (1) (1) 20 (2) (1)	REMAINING AFTER AMENDMENT		NUM PREVIO PAID	IBER OUSLY	PRESENT EXTRA	f	RATE	ADE TION FEI	IAL		RATE	ADDI- TIONAL FEE
<b>AMENDMENT</b>	Total	*	Minus	**		=	\[\bar{\}\]	X\$ 9=			OR	X\$18=	
ME	Independent	*	Minus	***		=		X40=			OR	X80=	
⋖	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM						-		<u> </u>	$\dashv$	Un		
	<i>≠</i>							-135=			OR	+270=	
								TOTAL OR AD				TOTAL ADDIT. FEE	
MENT B	14 3 4 5 6 4 6 4 6 6 6 7 8 8 8 8 8 8 8 8 8 8 8 8 8 8 8 8	CLAIMS REMAINING AFTER AMENDMENT		HIGH NUM PREVIO PAID	IBER OUSLY	PRESENT EXTRA	F	RATE	ADD TION FE	AL		RATE	ADDI- TIONAL FEE
NON	Total	*	Minus	**		=	>	<b>(</b> \$ 9=			OR	X\$18=	
AMEND	Independent	*	Minus	***		=		X40=	···-		OR	X80=	
	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM							135=				070	
										-1	OR	+270= TOTAL	
										(	OR ,	ADDIT. FEE	
		(Column 1) CLAIMS		(Colur		(Column 3)							
ENT C		REMAINING AFTER AMENDMENT	9 8 6 4 5 2 8 6 4 5 2 8 6 7 7	HIGH NUMI PREVIO PAID	BER OUSLY	PRESENT EXTRA	F	RATE	ADD TION FEE	AL		RATE	ADDI- TIONAL FEE
MON	Total	*	Minus	**		=	X	(\$ 9=			OR	X\$18=	
<b>AMENDMENT</b>	Independent	*	Minus	***	ii.	=		<b>4</b> 0=			OR	X80=	
1~	I CIDAT AREAC	NITATIONI OF MI			T CL AIRA				1	- 1	JH		4 7

\* If the entry in column 1 is less than the entry in column 2, write "0" in column 3.

FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM

OR

OR

+270=

ADDIT. FEE

TOTAL

+135=

TOTAL ADDIT. FEE

<sup>\*\*</sup> If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, enter "20."

<sup>\*\*\*</sup>If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, enter "3." The "Highest Number Previously Paid For" (Total or Independent) is the highest number found in the appropriate box in column 1.